

PRINTED: 02/18/2011  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

450 4/02/11

|                                                  |                                                                  |                                                                  |                                              |
|--------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>44E132 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>02/16/2011 |
|--------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

BAPTIST CONVALESCENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

450 COLLEGE ST

NEWPORT, TN 37821

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X5) COMPLETION DATE |
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| F 371<br>SS=F      | <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, review of refrigerator temperature logs, and interview, the facility failed to ensure cold foods were maintained at 41 degrees Fahrenheit (F.) or below and failed to ensure refrigeration equipment was maintained at 41 degrees F. or below.</p> <p>The findings included:</p> <p>Observation of the dining room on February 14, 2011, at 12:20 p.m., with the Certified Dietary Manager (CDM) revealed the residents' lunch trays were transported from the hospital dietary (across the street) via pickup truck to the nursing home. Continued observation revealed the temperature of two milk cartons from two resident trays, had a temperature of 46.9 and 47.2 degrees F., respectively. Continued observation of a milk carton obtained from a refrigerator in the pantry (to replace the warm milk) revealed a temperature of 42.1 degrees F.</p> <p>Observation revealed a meat thermometer in the refrigerator with the lowest obtainable</p> | F 371         | <p>A new refrigerator has been purchased and installed in the pantry area to insure all cold food products are maintained at the proper temperature. The refrigerator is equipped with a visual ambient temperature gauge located on the exterior. An internal thermometer will be permanently mounted inside the new refrigerator.</p> <p>All milk will be further chilled in the freezer prior to being placed on the trays for delivery to residents.</p> <p>An in-service on this procedure was held on Thursday, February 17, 2011 with the team leader responsible for monitoring the resident tray preparation.</p> <p>Spot-check monitoring of milk temperature upon arrival at BCC will be completed daily. A log will be maintained outlining the times and the temperature of milk. Two cartons will be checked per delivery (one tray immediately upon arrival and the last tray served). Milk that has been opened for temperature monitoring will be discarded and an unopened carton retrieved from the pantry refrigerator.</p> <p>Any milk to be found out of temperature range will be immediately replaced from the pantry stock refrigerator.</p> <p>The ambient temperature of the refrigerator will be monitored twice per day, 10:00am and 6:00pm. Any out of range refrigerator temperatures will be reported to the maintenance department.</p> | 3/3/2011             |

given by who? by dietary manager.

who responsible to do? all CNA's are responsible to do. in instruct on given to CNA's by DM 3/1/11

who do. dietary dept. team leader to do.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

*Patricia Settemer*

*Administrator*

*2/25/2011*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

3/1/11 11:35am - Call message left for Dan Brown - Don at Conner. Ctr. re: additional info needed. Mail.

3/1/11 12:05pm - Dan Dan Brown called - gave additional info + permission to add to POC Mary Ann Dyke

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>44E132 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | (X3) DATE SURVEY<br>COMPLETED<br><br>02/16/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BAPTIST CONVALESCENT CENTER |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>450 COLLEGE ST<br>NEWPORT, TN 37821                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                 |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                    | (X5)<br>COMPLETION<br>DATE                    |                                                 |
| F 371                                                           | Continued From page 1<br>temperature beginning at 50 degrees F. Review of the refrigerator temperature log revealed on February 14, 2011 the refrigerator temperature was 38 degrees F. Review of the refrigerator temperature log revealed, "...All temperature's falling in the red zone (between 34 and 41) should be reported to supervisor or maintenance..."<br><br>Continued observation at approximately 12:30 p.m. revealed an additional thermometer, which was on a cabinet beside the refrigerator, was placed in the refrigerator. Observation on February 14, 2011, at 4:25 p.m., with the Environmental and Dietary Services Team Leader, revealed the refrigerator temperature was at 44 degrees F., three degrees above the recommended temperature of 41 degrees F. or below.<br><br>Interview with the Registered Dietician (RD) on February 15, 2011, at 4:00 p.m., in the conference room, confirmed the temperature of the milk was not maintained at 41 degrees F. or below and confirmed the refrigerator in the pantry was not maintained at the appropriate temperature. | F 371                                                               | All monitoring checklists will be audited for temperature compliance of both the milk and refrigerator temperature. The audit will remain in effect until there are three consecutive months of 100% compliance. These results will be reported at the quarterly BCC, QA meetings.<br><br><i>who will monitor all areas of correction are completed?</i><br><br><i>Don will be responsible to ensure all elements of PAC are completed. will be done by observations, interviews &amp; document review.</i> | <i>- no do by the dietitian from kitchen.</i> |                                                 |
| F 431<br>SS=D                                                   | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS<br><br>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | F 431                                                               | A 1:1 discussion regarding administration of expired Artificial Tears to Resident #16 was conducted with Nurse #1 on February 15, 2011 by the Director of Nursing. The discussion included that medications are checked for expiration date prior to administration. The medication was pulled and sent back to Pharmacy on February 15, 2011 for replacement.<br>A 1:1 discussion regarding proper destruction of controlled medication and                                                                | 3/18/2011                                     |                                                 |

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|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| F 431                    | <p>Continued From page 2</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, facility policy review, and interview, the facility failed to ensure expired medications were not available for use and administered to one (#16) of four residents reviewed during medication administration and failed to receive and destroy schedule II narcotic medications according to the facility policy.</p> <p>The findings included:<br/><br/>Observation on February 15, 2011, at 8:05 a.m., during medication administration for resident #16,</p> | F 431               | <p>obtaining a witness was conducted with Nurse #1 on February 15, 2011 by the Director of Nursing. The discussion included that the destruction of all controlled medications will occur by placing the medication in the Biohazard/Sharps Container by disposing person and must have a witness. Destruction of all controlled medications will be documented by disposing person and witnessed.</p> <p>All residents receiving medications have the potential to be affected:</p> <ul style="list-style-type: none"> <li>To help ensure that residents receive safe and effective medications, all nurses will ensure that medications approaching expiration are identified and removed from use prior to expiration.</li> <li>The night nurse will inventory the medication carts monthly to ensure that medications approaching expiration are identified and/or removed. A log will be maintained.</li> <li>All controlled substances will be discarded by placing the medication in the Biohazard/Sharps container by disposing nurse and must have a witness. Signatures are required for destruction of controlled medications and will be documented by disposing nurse and witnessed. Corresponding signatures will be entered on the Narcotic Count Sheet.</li> </ul> <p>The following measures/systemic changes to be put in place:</p> |                            |

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(X2) MULTIPLE CONSTRUCTION

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B. WING \_\_\_\_\_

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DATE

F 431

Continued From page 3

revealed the Licensed Practical Nurse (LPN #1) administered Artificial Tears, one drop to each of the resident's eyes, as ordered. Observation of the Artificial Tears vial revealed an expiration date of September 2010.

Interview with LPN #1 on February 15, 2011, at 8:30 a.m., in the hallway near the nurse's station, confirmed the Artificial Tears had expired.

Continued observation of the medication administration on February 15, 2011, at 8:05 a.m., revealed LPN #1 obtained a Hydrocodone 5/500 mg. (milligram) (a class II narcotic pain reliever) tablet from a "stock" plastic bag containing greater than six full cards (with ten tablets per card) in the narcotic drawer in the medication cart. Continued observation revealed the LPN cut the 5/500 mg. Hydrocodone tablet in half. One-half of the tablet was administered to Resident #16, and the remaining one-half tablet was discarded in the regular trash can, which was attached to the medication cart. Continued observation revealed the LPN failed to provide a witness for the destruction of the one-half tablet of Hydrocodone.

Review of the Pharmacy Policy for Controlled Substances, policy #10-015, last revised on November 2006 revealed, "...Controlled substances shall be provided by pharmacy in easily accountable quantities...Class II controlled substances will only be provided for individual patients based on a valid written prescription...No more than one prescription for a class II controlled medication shall be entered on one page of the declining inventory ...". Continued review of the policy revealed, "...Destruction of all controlled medications will be documented by

F 431

- The night nurse will inventory the medication carts monthly and sign off that medications approaching expiration are either identified and/or removed from medication cart. A log will be maintained.
- The Director of Nursing and Nursing Team Leader will conduct mandatory in-services for licensed nurses. The in-service will include the monthly inventory process for identifying expired medications, proper destruction of controlled medications and all controlled substances will be dispensed in resident specific packaging. Policy revised by Pharmacy.
- Declining inventory will be maintained for all controlled substances.
- Will be reported at the quarterly BCC, Quality Assurance meetings.
- All controlled substances will be dispensed in resident specific packaging with the resident's name, medication, directions, dispensing date, quantity of medication and any applicable cautionary labels affixed to the packaging. A declining count sheet with the same labeling will accompany each order dispensed. Upon arrival the nurse receiving the delivery will assure the accuracy of the quantity which will then be verified at each shift change by the nurses responsible for the keys to the medication cart.



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| F 431                                                           | <p>Continued From page 4</p> <p>disposing person and witness...Separate records shall be maintained on all controlled medications in the form of declining inventory...Name of the resident...The name of the medication...The form of the medication...The strength and dose administered...The date and time of administration...The signature of the person administering the medication...Partial doses shall be destroyed by a nurse in the presence of another witnessing nurse..."</p> <p>Interview with the Director of Nursing on February 16, 2011, at 10:30 a.m., in the conference room, confirmed the Artificial Tears had expired and the narcotic Hydrocodone, was not dispensed and labeled for individual resident use. Continued interview confirmed the LPN improperly disposed of the Hydrocodone and failed to obtain a witness for the destruction of a narcotic per the facility policy.</p> | F 431                                                               | <p>in which the narcotic is kept under double lock. The nurses will sign a log attesting that they verify the counts were accurate at the beginning and end of his or her shift.</p> <p>The Nursing Team Leader will review and verify that the medication inventory for expired medications log and controlled narcotic sheets are maintained with corresponding signatures monthly. An explanation of this process will become a part of new nursing staff training immediately.</p> <p>The Pharmacy Consultant or Pharmacy Manager will report to the Quality Assurance Committee quarterly. Pharmacy will audit process monthly and include in documentation following each monthly review. The Director of Nursing will report any variance in count to the Director of Pharmacy and the Consultant Pharmacist upon discovery so that an investigation and appropriate changes can be made rapidly.</p> |                            |                                                 |